

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?: Listing
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title :: **NOVEL ABCA5 TRANSPORTER AND USES
THEREOF**
Attorney Docket Number:: 100103.403
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?: Yes
Petition included?: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Hongyun
Middle Name::
Family Name:: Chen
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 2711 West 21st Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6L 1K4

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Ligia
Middle Name::
Family Name:: Kilinski
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 314 – 1330 Burrard Street

City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6Z 2B8

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Stéphane
Middle Name::
Family Name:: Le Bihan
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 4551 West Fifteenth Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6R 3B3

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/272,885	03/02/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Active Pass Pharmaceuticals, Inc.
Street of mailing address::	520 West Sixth Avenue Suite 400
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4H5

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